

A.1(7)

File No. S- \_\_\_\_\_

Date Rec'd. \_\_\_\_\_

Rec'd. by \_\_\_\_\_

REQUEST FOR SECONDARY APPROVAL OF  
SUBDIVISION PLAT

**FOR STAFF USE:**

Plat requires: \_\_\_\_\_ determination of conformance S.P. No. S- \_\_\_\_\_ Date Approved \_\_\_\_\_  
\_\_\_\_\_ new primary approval Prelim. No. S- \_\_\_\_\_ Date Approved \_\_\_\_\_  
\_\_\_\_\_ performance bond received. Date \_\_\_\_\_  
\_\_\_\_\_ restrictive covenants received. Date \_\_\_\_\_

Name(s) of Subdivider(s) \_\_\_\_\_

Address (es) \_\_\_\_\_

City State City State

Phone(s) ( ) ( )

I (we) do hereby request determination of conformance with the primary approval for the following described subdivision in accordance with the provisions of the Comprehensive Plan. I (we) am (are) the owner (owners) of the real estate included in said subdivision.

Name of Subdivision \_\_\_\_\_ generally described as follows:

Civil Township \_\_\_\_\_ Section \_\_\_\_\_ Quarter Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Area in acres \_\_\_\_\_; Number of Lots \_\_\_\_\_

Miles of new streets to be dedicated to the public (to hundredths):

Full width \_\_\_\_\_ Half width \_\_\_\_\_

Subdivider requests: \_\_\_\_\_ Staff determination of conformance

\_\_\_\_\_ Commission determination of conformance

The undersigned, having been duly sworn on oath states the above information is true and correct as he is informed and believes.

Signature(s) of Subdivider(s) \_\_\_\_\_

State of Indiana)  
County of Tippecanoe) SS:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public

Residing in \_\_\_\_\_ County; My Commission Expires \_\_\_\_\_

**FOR STAFF USE:**

As appropriate: \_\_\_\_\_ Staff determines conformance. Date \_\_\_\_\_  
\_\_\_\_\_ Commission determines conformance. Date \_\_\_\_\_